

FILED AUG 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22659

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 36

0030

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port 0030</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Mal</u> c. (Last) <u>Gillian</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 7-1881</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Days <u>6</u> Hours <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>William Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Beattie</u>		14. NAME OF HUSBAND OR WIFE <u>Alva Gilliam</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alva Gilliam Rock-Port Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>10 yrs</u> <u>20 yrs</u> <u>443X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suppurative heart disease</u> DUE TO (c) <u>arterial suppurative</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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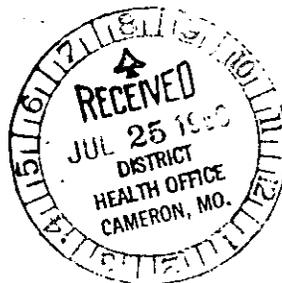
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel B. Vetter, M.D.</u>	23b. ADDRESS <u>Rock Port Mo</u>	23c. DATE SIGNED <u>21 July 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 23/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rock-Port Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 21, 50</u>	REGISTRAR'S SIGNATURE <u>Betty Crabtree</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albertson Rock Port Mo.</u>
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JUL 27 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by By me

Student Embalmer No. _____

working under my personal supervision.

Signed J. B. Bertram
Licensed Embalmer No. 4024
P. O. Address Red Post Mo.

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.